N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 13 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

Do not use this space.

37713

1. PLACE OF DEATH

County .... Registration District No. 1002 File No. ....

Township .... Primary Registration District No. Deaconess Hospital Registered No. 10161

City St. Louis, Mo. (No. 1770 ... Ave .... St. .... Ward)

2. FULL NAME Henry M Moehlman

(a) Residence, No. 1770 Warne Ave St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Ida A Moehlman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16th 1866

7. AGE: YEARS 68 MONTHS 1 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1863

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Anton Moehlman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Caroline Schave

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Wm J Moehlman
(ADDRESS) 1770 Warne Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters DATE Oct 20 34

19. UNDERTAKER Kraeger-Vogt-Fix
(ADDRESS) 8402 N. Broadway

20. FILED OCT 19 1934, 19.... Jos F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15th, 1934, to Oct 17th, 1934

I last saw him alive on Oct 17th, 1934 Death is said to have occurred on the date stated above, at 6.30 P.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Cerebral hemorrhage 2 days

82a

Other contributory causes of importance:

Hypertension years
Arteriosclerosis.

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) Arthur Gundlach, M. D.

(Address) 2201 University St

172

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